

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM

DR-2

DISCLOSURE
REPORT

(Rev. 01/2003)

COMMITTEE NAME (Must be same as on Statement of Organization)

REFLECTION OF WALLY HORN COMMITTEE

2010 JAN 22 AM 11:52

IMPORTANT: Indicate type of committee you are reporting for: ☒ 1

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name

WALLY HORN

Political Party

DEMOCRAT

Office Sought

STATE SENATOR

District (if Senate or House)

For Office Use Only

Comm. #

Indexed

Audited

Computer

SIGNATURE OF TREASURER (or person filing this report)

319-550-4592

TELEPHONE

01-07-09

DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 01-19-2010 REPORT FOR AN/A (1) ELECTION/(2) NON-ELECTION YEAR.

(report date)

Indicate one ☒ 2

☐ CHECK IF AMENDMENT TO REPORT DATED

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held
by the committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period, or must be zero if this is first report filed.)

\$ 1,557.06

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

5,050.00

Schedule F: Loans Received total (Attach Schedule F)

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 6,607.06

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

5,175.44

Schedule F: Loan Repayments total (Attach Schedule F)

0

CASH ON HAND at the end of this reporting period (if final report, balance must
be zero) (Attach DR-3)

\$ 1,431.62

**UNPAID BILLS (From Schedule D - Attach Schedule D)

0

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

0

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

0

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

0

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐

CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

REELECTION OF WALLY HOAN COMMITTEE 57

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
01-07-09	ID# CK# 1724	IOWA PHYSICAL THERAPY PAC 8355 UNIVERSITY BLVD SUITE K CLIVE, IA 50325-1162		\$ 250.00	<input type="checkbox"/>
07-13-09	ID# CK# 1228	CLOYD ROBINSON 404 CHERRY HILL RD SW CR, IA 52404		150.00	<input type="checkbox"/>
09-18-09	ID# 6098 CK# 3689	IOWA BEV PAC 321 E WALNUT SUITE 310 D.M., IA 50309-2026		750.00	<input type="checkbox"/>
09-18-09	ID# CK# 8121	WASTE Mgmt PAC 701 PENNSYLVANIA AVE, NW SUITE 500 WASHINGTON, DC 20004		250.00	<input type="checkbox"/>
09-20-09	ID# CK# 003233	UNITED TRANSPORTATION UNION PAC 14600 DETROIT AVE CLEVELAND, OHIO 44107-4250		500.00	<input type="checkbox"/>
10-10-09	ID# CK#	DAVID PALMER 213 SW FLYNN DR ANKENY, IA 50023		100.00	<input type="checkbox"/>
10-27-09	ID# 6058 CK# 4626	IA. CHIROPRACTIC SOCIETY PAC 100 EAST GRAND AVE, STE. 240 D.M., IA 50309		100.00	<input type="checkbox"/>
11-07-09	ID# CK# 2348	IA. DENTAL ASSOCIATION PAC 5530 WEST PARKWAY STE. 100 JOHNSTON, IA 50131		1,300.00	<input type="checkbox"/>
11-17-09	ID# CK# 1373	ITC PAC - MICHIGAN 201 TOWNSEND ST., SUITE 900 LANSING, MI 48933		200.00	<input type="checkbox"/>
12-27-09	ID# CK# 4579	JUSTICE FOR ALL PAC 505 5TH AVE STE 630 D.M., IA 50309-2319		250.00	<input type="checkbox"/>
SUB-TOTAL				\$ 4050.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

57

REFLECTION OF WALK HORN COMMITTEE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
12-22-09	ID# CK# 1230	IA SOCIETY OF NURSE ANESTHETISTS 400 HOMO GRENAD BLDG 303 LOCUST ST DM, IA 50309		\$ 250.00	<input type="checkbox"/>
12-22-09	ID# CK# 4147	IA HEALTH PAC 1775-90TH ST WEST DES MOINES, IA 50266-1563		250.00	<input type="checkbox"/>
10-06-09	ID# CK# 1058	IA SOCIETY OF ANESTHESIOLOGISTS 525 SW 5TH ST, SUITE A DM, IA 50309		500.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$1,000.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Recall Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

REELECTION of WALLY HORN COMMITTEE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
06-15-09	ID# CK# 660	WALLY HORN 101 STONEY PT RD SW CR, IA 52404	REIMBURSEMENT FOR C.A. GAZETTE SURVEY + RESULT RETURNS	\$ 515.14
06-15-09	ID# CK# 660	"	REIMBURSEMENT FOR CARTER PRINTING BILL FOR BIRTHDAY POSTCARDS	316.15
06-15-09	ID# CK# 660	"	REIMBURSEMENT FOR POSTAGE FOR MAILING POSTCARDS	248.00
06-15-09	ID# CK# 660	"	REIMBURSEMENT FOR CAMPAIGN STRATEGY MEETING IN DES MOINES	501.87
12-18-09	ID# CK# 660	WALLY HORN 101 STONEY PT RD SW CR, IA 52404	REIMBURSEMENT FOR NCSL MTG IN PHILADELPHIA, PA TRANSPORTATION - \$398.90 REGISTRATION - 565.00 LODGING - 122.31	1,686.21
12-28-09	ID# CK# 661	"	REIMBURSEMENT FOR MLC MTG. IN KANSAS CITY, MO TRANSPORTATION + PARKING - 325.30 REGISTRATION 300.00 LODGING 601.92	1,227.22 - STATE PAID 22 - 750.00 477.22 AMT REIMBURSED
12-28-09	ID# CK# 661	"	REIMBURSEMENT FOR CSG MTG. IN PALM SPRINGS, CA TRANSPORTATION 685.41 REGISTRATION 375.00 LODGING 370.44	\$ 1,430.85
	ID# CK#			
SUB-TOTAL				\$ 5,175.45
TOTAL (if last page of this schedule)				\$ 5,175.45

CHECK #660 for \$1581.16

CHECK #661 for \$359.22

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)